



# EFFICIENT MOTOR & ENGINEERING WORKS PTE LTD

37 LOYANG WAY, SINGAPORE 508734

VEHICLE NO : GBH6962T  
 MAKE & MODEL : NISSAN NV350 PANEL VAN 2.5 5MT 5DR  
 CHASSIS NO : JN1MC2E26Z0009051

DATE: 9 Mar 2022  
 CLAIM TYPE : TP CLAIM  
 D.O.A: 8 Mar 2022

TO :

## ADJUSTMENT ON REPAIR COST & REPLACEMENT OF PARTS

S/No.	QTY	DESCRIPTION	CONDITION / REMARKS	UNIT LIST PRICE	TOTAL LIST PRICE
1	1	FRONT BUMPER / OR		\$ 571.90	\$ 571.90
2	2	FRONT BUMPER SIDE RETAINER LH/RH / OR		\$ 181.00	\$ 362.00
3	1	FRONT BUMPER CENTER GRILLE X		\$ 912.00	\$ 912.00
4	1	FRONT BUMPER REINFORCEMENT		\$ 705.00	\$ 705.00
5	1	FRONT GRILLE / MIS		\$ 940.00	\$ 940.00
6	1	FRONT GRILLE LOGO - MIS		\$ 120.70	\$ 120.70
7	2	HEADLAMP LH/RH / OR		\$ 624.00	\$ 1,248.00
8	2	FRONT FOG LAMP LH/RH / OR		\$ 343.00	\$ 686.00
9	2	FRONT FOG LAMP COVER LH/RH / OR		\$ 117.90	\$ 235.80
10	1	FRONT PANEL / DO		\$ 1,227.50	\$ 1,227.50
11	1	FRONT PANEL LOWER CENTER / DO		\$ 150.00	\$ 150.00
12	1	FRONT PANEL LOWER LH/RH / DO		\$ 310.00	\$ 620.00
13	1	CORNER PANEL RH / DO		\$ 468.00	\$ 468.00
14	1	DASHBOARD REINFORCEMENT		\$ 1,000.00	\$ 1,000.00
15	1	AIR CON BLOWER MOTOR ASSY		\$ 1,500.00	\$ 1,500.00
16	1	HEATER UNIT ASSY		\$ 3,980.00	\$ 3,980.00
17	1	INTERCOOLER - DO		\$ 3,360.70	\$ 3,360.70
18	1	INTERCOOLER GARNISH / MIS		\$ 324.70	\$ 324.70
19	1	CONDENSER & FAN ASSY		\$ 2,300.00	\$ 2,300.00
20	1	WIPER MOTOR		\$ 415.00	\$ 415.00
21	1	WIPER LINK ASSY		\$ 550.00	\$ 550.00
22	1	HEATER HOSE INLET		\$ 175.00	\$ 175.00
23	1	HEATER HOSE OUTLET X		\$ 175.00	\$ 175.00
24	1	AIR CON SUCTION HOSE X		\$ 440.00	\$ 440.00
25	1	AIR CON DISCHARGE HOSE X		\$ 500.00	\$ 500.00
26	1	DRIER RECEIVER X		\$ 520.00	\$ 520.00
27	1	DRIVER DOOR (FR RH) / DO		\$ 1,285.70	\$ 1,285.70
28	2	DRIVER DOOR HINGES X		\$ 70.00	\$ 140.00
29	1	DRIVER DOOR CHECKER X		\$ 70.00	\$ 70.00
30	1	RH SLIDING DOOR / DO		\$ 1,539.50	\$ 1,539.50
31	1	LH SLIDING DOOR / DO		\$ 1,539.50	\$ 1,539.50
32	1	LH REAR FENDER / DO		\$ 2,408.30	\$ 2,408.30
33	1	LH front hub cap (renv) / OR		\$ 193.60	\$ 193.60
34	1	RH front hub cap / MIS		\$ 193.60	\$ 193.60
35	0	0		\$ -	\$ -
36	0	0		\$ -	\$ -
37	0	0		\$ -	\$ -
38	0	0		\$ -	\$ -
39	0	0		\$ -	\$ -
				<b>\$ 29,211.60</b>	<b>\$ 30,857.50</b>

TOTAL PRICE	\$ 30,857.50
LESS 10%	\$ 3,085.75
<b>SUB TOTAL PRICE</b>	<b>\$ 27,771.75</b>

S/No.	QTY	DESCRIPTION	CONDITION /	UNIT S/NETT	TOTAL S/NETT
-------	-----	-------------	-------------	-------------	--------------

REMARKS

1	1	FRONT BUMPER CLIPS / APC	\$ 50.00	\$ 30	50.00
2	1	RADIATOR GRILLE CLIPS / APC	\$ 50.00	\$ 20	50.00
3	1	FRONT NO. PLATE / RR	\$ 45.00	\$ 35	45.00
4	1	FRONT GLASS SEALANT / APC	\$ 80.00	\$ 40	80.00
5	1	FRONT PANEL STICKER / APC	\$ 200.00	\$ 150	200.00
6	1	RH SLIDING DOOR STICKER / APC	\$ 320.00	\$ 200	320.00
7	1	LH REAR FENDER STICKER / APC	\$ 320.00	\$ 200	320.00
8	1	RHF RIM X	\$ 250.00	\$	250.00
9	2	HUB CAP X	\$ 120.00	\$	240.00
10			\$		-

TOTAL S/NETT \$ 1,435.00 \$ 1,555.00

Labour Charges

1	To cut & weld on damaged panels and to panel beat and align on LH rear panel, front panels and to replace damaged parts	\$ 2,500.00	1800
2	To check and rectify lighting and wire harness	\$ 80.00	30
3	To spray paint RH sliding door, driver door, LH rear fender, LH sliding door, front bumper, front panel, corner panel, floor panel and affected areas	\$ 2,500.00	1500
4	To remove and replace driver door parts and mechanisms to new door	\$ 200.00	50
5	To remove and replace both sliding door parts and mechanisms to new door	\$ 400.00	100
6	To remove and refit front windscreen glass to facilitate repairs	\$ 150.00	120
7	To re-charge air con gas	\$ 80.00	-
8	To conduct wheel alignment	\$ 120.00	80
9	To remove and refit upholstery to facilitate repair	\$ 200.00	X
10			

TOTAL LABOUR \$ 6,230.00

Total Cost of Repairs \$ 35,556.75

(Total parts + Total S/Nett + Total Labour Cost)

Steve (LKR)  
11/3/22, 12.2022

ML PL  
L/S  
M PL G  
15 L/S

- KK Auto Care Ltd. hereby certify the Repaired condition of the vehicle.
- To resurvey before/after spray painting
  - To display damaged part(s) during resurvey
  - Parts prices are subject to confirmation
  - Third party survey is on a "Without Prejudice" basis
  - No illegal modification(s) is allowed
  - Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
Signature:  
Date:

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

## ACCIDENT STATEMENT

Date of Submission ..... 09/03/2022 12:40 (SGT)  
Date of Accident ..... 08/03/2022 18:50 (SGT)  
Exact Location of Accident ..... Jln Anak Bukit, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBH6962T

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... PAN PACIFIC VAN & TRUCK LEASING PTE LTD  
Company Reg No ..... 2XXXXX635R  
Email Address ..... ppeclaims@gmail.com  
Mobile Phone No ..... (Phone) +65-84982116  
Alternative Phone No ..... (Office) +65-62840827

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Nv350  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2488

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... D19MFL0005549\_02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ABDUL WAHID BIN JAFAR  
NRIC No ..... SXXXX371J

Date Of Birth	26/08/1973
Occupation	Outdoor
Date Of Driving Pass	27/02/2002
Driving experience	20 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-84982116
Alt. Phone Number	-
Email Address	ppemclaims@gmail.com
Address	BLK 103 GANGSA ROAD #03-35
Address complement	-
Postcode	670103
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

ON 08/03/2022 AT 18:50HRS, I WAS DRIVING VEHICLE A (GBH6962T) ALONG JALAN ANK BUKIT. APPROACHING TRAFFIC JUNCTION, IT WAS GREEN TRAFFIC LIGHT ON MY FAVOUR. AS I TRAVELLING STRAIGHT, SUDDENLY VEHICLE B (GBC6625T) FROM JALAN JURONG KECHIL TRAVELLING STRAIGHT BEAT RED TRAFFIC LIGHT. I CAN'T STOP VEHICLE A IN TIME HENCE COLLIDED ONTO VEHICLE B LEFT SIDE AND VEHICLE C (SHC72G) NOT SURE FROM WHICH DIRECTION COLLIDED ONTO MY VEHICLE LEFT SIDE. AFTER THE COLLISION VEHICLE B HIT ONTO TRAFFIC LIGHT POLE AND ONE SIGNAGE AND CAME TO STOP. EXCHANGED PARTICULARS. TRAFFIC POLICE AND AMBULANCE ON SCENE NOBODY WAS CONVEYED AS NO INJURRIES AT THE TIME OF THE ACCIDENT. TOTAL 3 VEHICLES INVOLVED IN THIS ACCIDENT.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC72G
-----------------------------	--------

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-91882595
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBC6625T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-97252978
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	ABDUL WAHID BIN JAFAR
Gender	Male
Phone No	(Phone) +65-84982116
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 DAYS MC
Injured person in which vehicle?	GBH6962T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report accurately the details of the accident to speed up the claims process
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any talks, reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
 

I understand, acknowledge, agree and consent that:

  - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the Insurers' law firms/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
    - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
    - (ii) investigating the accident and/or my claims;
    - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
    - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
    - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 (collectively the "Purposes")
  - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law firms/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
  - (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*[Handwritten Signature]*

*[Handwritten Signature]*

Policyholders Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time *5/3/2020 21:30H*

Witnessed by Reporting Centre Personnel *[Handwritten Name]*

Sketch Plan



*[Handwritten on grid paper]*

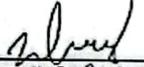
A - G1B H 69627  
 B - G1B C 66257  
 C - SHC 729

Describe Circumstances of the Accident

ON 08/03/2022 AT 18:50HRS, I WAS DRIVING VEHICLE A (GBH6962T) ALONG JALAN ANK BUKIT. APPROACHING TRAFFIC JUNCTION, IT WAS GREEN TRAFFIC LIGHT ON MY FAVOUR. AS I TRAVELLING STRAIGHT, SUDDENLY VEHICLE B ( GBC6625T) FROM JALAN JURONG KECHIL TRAVELLING STRAIGHT BEAT RED TRAFFIC LIGHT. I CAN'T STOP VEHICLE A IN TIME HENCE COLLIDED ONTO VEHICLE B LEFT SIDE AND VEHICLE C ( SHC72G) NOT SURE FROM WHICH DIRECTION COLLIDED ONTO MY VEHICLE LEFT SIDE. AFTER THE COLLISION VEHICLE B HIT ONTO TRAFFIC LIGHT POLE AND ONE SIGNAGE AND CAME TO STOP. EXCHANGED PARTICULARS. TRAFFIC POLICE AND AMBULANCE ON SCENE NOBODY WAS CONVEYED AS NO INJURRIES AT THE TIME OF THE ACCIDENT. TOTAL 3 VEHICLES INVOLVED IN THIS ACCIDENT.

Declaration

I/We declare the foregoing particulars are true in every respect.

 _____	 _____	
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	8/3/22 @ 2130H	Wewery